

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:38

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : DAANES Office of Applied Studie
Start Date : 01-JAN-91
End Date :
Follow-up :

Minnesota's Treatment Episode Data Set
Version : 1

K = Key Field		System		<u>Minnesota</u>
Item		Item		
No.	Treatment Episode Data Set	Value	State System Data	
1	System Transaction Type	-	Transaction Type Added to Each Record	
K 2	State Code	MN	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

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Minnesota's Treatment Episode Data Set
Version : 1

K = Key Field

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No. Treatment Episode Data Set

Value

State System Data

K 1	Provider Identifier	02	Facility Code
	No longer effective as of: 12-31-1998		

K 1	Provider Identifier	-	Facility - Code
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K 2	Client Identifier (Admission)	-	-
	No longer effective as of: 12-31-1998		

K 2	Client Identifier (Admission)	-	Client's Initials
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K 3	Co-Dependent/Collateral	-	Codependent/Collateral Data Not Collected
	2 No		2 No

K 4	Client Transaction Type	-	-
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K 5	Date of Admission	06	Date of Admission
	No longer effective as of: 12-31-1998		

K 5	Date of Admission	-	Date of Admission.
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6	Number of Prior Treatment Episodes	39	Previous Program Experience
	0 0		0 0
	1 1		1 1
	2 2		2 2
	3 3		3 3
	4 4		4 4
	5 Or More		5+ 5+
	No longer effective as of: 12-31-1998		

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K = Key Field			Minimum		<u>Minnesota</u>	
Item			Item			
No.	Treatment Episode Data Set			Value	State System Data	
6	Number of Prior Treatment Episodes		-	No. of lifetime treatment episodes in any chemical dependency tx prog.		
	0	0		0	0	
	1	1		1	1	
	2	2		2	2	
	3	3		3	3	
	4	4		4	4	
	5	Or More		5+	5+	

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Item	Item		
No.	Treatment Episode Data Set	Value	State System Data

7	Principal Source of Referral	13	Primary Source of Referral
01	Individual (includes self-referral))	01	Family/Relative
01	Individual (includes self-referral))	02	Friend/Neighbor
04	School (Educational)	03	School
05	Employer/EAP	04	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	05	Law Enforcement
07	Court/Criminal Justice/DUI/DWI	06	Court, Court Services
07	Court/Criminal Justice/DUI/DWI	07	Corrections
07	Court/Criminal Justice/DUI/DWI	08	Pre-Petition Screening
03	Other Health Care Provider	09	Health Care Facility
02	Alcohol/Drug Abuse Provider	10	Other CD Tx Program
06	Other Community Referral	11	Other Residential Facility
02	Alcohol/Drug Abuse Provider	12	Intrafacility Transfer
02	Alcohol/Drug Abuse Provider	13	Detox Center
03	Other Health Care Provider	14	Mental Health Center
06	Other Community Referral	15	County Social Services - CD Services
06	Other Community Referral	16	Agency-Child Protection
06	Other Community Referral	17	County Social Service Agency - Other Services
06	Other Community Referral	18	AA, Other Support Group
06	Other Community Referral	19	Community Professional/Agency
06	Other Community Referral	20	Information and Referral Agency
01	Individual (includes self-referral))	21	Self
97	Unknown	22	Other

No longer effective as of: 12-31-1998

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State System Data

7	Principal Source of Referral	-	Primary Source of Referral..
01	Individual (includes self-referral))	01	Family/Relative
01	Individual (includes self-referral))	02	Friend/Neighbor
04	School (Educational)	03	School
05	Employer/EAP	04	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	05	Law Enforcement
07	Court/Criminal Justice/DUI/DWI	06	Court, Court Services
07	Court/Criminal Justice/DUI/DWI	07	Corrections
07	Court/Criminal Justice/DUI/DWI	08	Pre-Petition Screening
03	Other Health Care Provider	09	Health Care Facility
02	Alcohol/Drug Abuse Provider	10	Other CD Tx Program
06	Other Community Referral	11	Other Residential Facility
02	Alcohol/Drug Abuse Provider	12	Intrafacility Transfer
02	Alcohol/Drug Abuse Provider	13	Detox Center
03	Other Health Care Provider	14	Mental Health Center
06	Other Community Referral	15	County Social Services - CD Services
06	Other Community Referral	16	Co. SS Agency - Child Protection
06	Other Community Referral	17	County Social Service Agency - Other Services
06	Other Community Referral	18	AA, Other Support Group
06	Other Community Referral	19	Community Professional/Agency
06	Other Community Referral	20	Information and Referral Agency
01	Individual (includes self-referral))	21	Self
97	Unknown	22	Other

8 Date of Birth 04 Date of Birth

No longer effective as of: 12-31-1998

8 Date of Birth - Date of Birth..

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State System Data

9	Sex	16	Sex
1	Male	1	Male
2	Female	2	Female

No longer effective as of: 12-31-1998

9	Sex	-	Sex..
1	Male	1	Male
2	Female	2	Female

10	Race	-	Race.
05	White	1	White
04	Black or African American	2	Black
02	American Indian (Other than Alaskan Native)	3	American Indian
13	Asian	4	Asian
23	Native Hawaiians or Other Pacific Islanders	5	Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	6	Alaskan Native
21	Two or More Races	7	Mixed
20	Other	8	Other

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State System Data

10	Race	-	Race.
05	White	1	White
04	Black or African American	2	Black
02	American Indian (Other than Alaskan Native)	3	American Indian
03	Asian or Pacific Islander	4	Asian or Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	5	Alaskan Native
20	Other	6	Mixed
20	Other	7	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

No longer effective as of: 02-28-2002

11	Ethnicity	18	Hispanic Ethnicity
05	Not of Hispanic Origin	1	Not of Hispanic Origin
01	Puerto Rican	2	Puerto Rican
02	Mexican	3	Mexican
03	Cuban	4	Cuban
04	Other Specific Hispanic	5	Other Hispanic

No longer effective as of: 12-31-1998

11	Ethnicity	-	Hispanic Ethnicity..
05	Not of Hispanic Origin	1	Not of Hispanic Origin
01	Puerto Rican	2	Puerto Rican
02	Mexican	3	Mexican
03	Cuban	4	Cuban
04	Other Specific Hispanic	5	Other Hispanic

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State System Data

12	Education	24	Year of Schooling
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-25	00-25
No longer effective as of: 12-31-1998			

12	Education	-	Year of Schooling..
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-25	00-29
00	Less Than One Grade Completed	00-25	00-29

13	Employment Status	29	Primary Occupation Status
01	Full Time	01	Full Time (> 35 Hours per Week)
02	Part Time	02	Part Time (< 35 Hours per Week)
04	Not in Labor Force	03	Occasional/Seasonal Worker
04	Not in Labor Force	04	Sheltered Employment
04	Not in Labor Force	05	Homemaker
04	Not in Labor Force	06	Student
04	Not in Labor Force	07	Retired
04	Not in Labor Force	08	Disabled
04	Not in Labor Force	09	Inmate of Institution
03	Unemployed	10	Laid Off/Unemployed - Looking for Work
04	Not in Labor Force	11	Unemployed - Not Looking for Work
97	Unknown	12	Other
No longer effective as of: 12-31-1998			

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State System Data

13 Employment Status

-

Primary Occupational Status

01	Full Time	01	Full Time (=or> 35 Hours per Week)
02	Part Time	02	Part Time (<35 Hours per Week)
03	Unemployed	03	Occasional/Seasonal Worker
04	Not in Labor Force	04	Sheltered Employment
04	Not in Labor Force	05	Homemaker
04	Not in Labor Force	06	Student
04	Not in Labor Force	07	Retired
04	Not in Labor Force	08	Disabled
04	Not in Labor Force	09	Inmate of Institution
03	Unemployed	10	Laid Off/Unemployed - Looking for Work
04	Not in Labor Force	11	Unemployed - Not Looking for Work
97	Unknown	12	Other

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14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	-	Values from the Client History Form
02	Alcohol	-	Alcohol
03	Cocaine, Crack	-	Cocaine
03	Cocaine, Crack	-	Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	-	Marijuana/Hashish
05	Heroin	-	Heroin
06	Non-Prescription Methadone	-	Non-Prescription Methadone
07	Other Opiates and Synthetics	-	Other Opiates and Synthetics
08	PCP	-	PCP
09	Other Hallucinogens	-	Other Hallucinogens
10	Methamphetamine	-	Methamphetamine
11	Other Amphetamines	-	Other Amphetamines
12	Other Stimulants	-	Other Stimulants
13	Benzodiazepine	-	Benzodiazepines
14	Other Tranquilizers	-	Other Tranquilizers
15	Barbiturates	-	Benzodiazepines
16	Other Sedatives or Hypnotics	-	Other Sedatives/Hypnotics
17	Inhalants	-	Inhalants
18	Over-the-Counter	-	Over the counter
20	Other	-	Other

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State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiar-14C)	-	Chemical Use Information
02	Alcohol	-	Alcohol
03	Cocaine, Crack	-	Cocaine
03	Cocaine, Crack	-	Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	-	Marijuana/Hashish
05	Heroin	-	Heroin
06	Non-Prescription Methadone	-	Non-Prescription Methadone
07	Other Opiates and Synthetics	-	Other Opiates and Synthetics
08	PCP	-	PCP
09	Other Hallucinogens	-	Other Hallucinogens
10	Methamphetamine	-	Methamphetamine
11	Other Amphetamines	-	Other Amphetamine
12	Other Stimulants	-	Other Stimulants
13	Benzodiazepine	-	Benzodiazepines
14	Other Tranquilizers	-	Other Tranquilizers
15	Barbiturates	-	Barbituates
16	Other Sedatives or Hypnotics	-	Other Sedatives/Hypnotics
17	Inhalants	-	Inhalants
18	Over-the-Counter	-	Over the counter
20	Other	-	Other
20	Other	-	Nicotine/Tobacco

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	-	Usual Route
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Snorting
04	Injection (IV or intramuscular)	5	Injection (IV/Intramuscular)

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State System Data

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	-	Chemical Use Information
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Snorting
04	Injection (IV or intramuscular)	5	Injection (IV Intramuscular)

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-	Frequency
01	No past month use	0	Never Used
01	No past month use	1	Used in lifetime
01	No past month use	2	Used in past 2-6 months
02	1-3 times in past month	3	1-3 Times Past Month
03	1-2 times per week	4	1-2 Times Week in Past Month
04	3-6 times per week	5	3-6 Times Week in Past Month
05	Daily	6	Daily in Past Month

No longer effective as of: 12-31-1998

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-	Chemical Use Information
01	No past month use	0	Never Used
01	No past month use	1	Used in Lifetime
01	No past month use	2	Used in past 2-6 months
02	1-3 times in past month	3	1-3 Times Past month
03	1-2 times per week	4	1-2 Times Week in Past Month
04	3-6 times per week	5	3-6 Times Week in Past Month
05	Daily	6	Daily in Past Month

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-	Age
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No. Treatment Episode Data Set

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State System Data

K 18	Type of Services	09	Level of Care
01	Hospital Inpatient (Detox, 24 hour Service)	-	-
03	Hospital (other than detox)	1	Primary Inpatient CD Treatment (if Facility is a Hospital)
04	Short-term, (30 days or fewer)	1	Primary Inpatient CD Treatment (if Facility is not a Hospital)
06	Intensive Outpatient	2	Primary Outpatient CD Treatment
03	Hospital (other than detox)	3	Combined Inpatient CD Treatment (if Facility is a Hospital)
04	Short-term, (30 days or fewer)	3	Combined Inpatient CD Treatment (if Facility is not a Hospital)
06	Intensive Outpatient	4	Combined Outpatient CD Treatment
05	Long-term, (more than 30 days)	5	Halfway House (if Facility is not a Hospital)
05	Long-term, (more than 30 days)	6	Extended Care (if Facility is not a Hospital)

No longer effective as of: 12-31-1998

K 18	Type of Services	-	Level of Care...
01	Hospital Inpatient (Detox, 24 hour Service)	1	Primary Inpatient (if Facility is a Hospital)
03	Hospital (other than detox)	1	Combined Primary Inpatient (if Facility is not Hospital)
04	Short-term, (30 days or fewer)	1	Primary Inpatient (if Facility is not Hospital)
06	Intensive Outpatient	2	Primary Outpatient
03	Hospital (other than detox)	3	Combined Primary Inpatient (if Facility is a Hospital)
04	Short-term, (30 days or fewer)	3	Combined Primary Inpatient (if Facility is a Hospital)
06	Intensive Outpatient	4	Combined Primary Inpatient (if Facility is a Hospital)
05	Long-term, (more than 30 days)	5	Halfway House (if Facility is not a Hospital)
05	Long-term, (more than 30 days)	6	Extended Care (if Facility is not a Hospital)

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Minimum		Minnesota	
Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	09	Is Methadone Planned as Part of Treatment?
1	Yes	1	Yes
2	No	2	No
No longer effective as of: 12-31-1998			

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	-	Is Methadone Planned as Part of Treatment?..
1	Yes	1	Yes
2	No	2	No

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Not Collected	

6	Pregnant at Time of Admission	07	Pregnancy Status of Client at Admission
1	Yes	1	Pregnant
2	No	2	Not pregnant
7	Unknown	3	Uncertain
2	No	4	N/A

No longer effective as of: 03-31-1993

6	Pregnant at Time of Admission	-	Pregnancy Status at Admission
1	Yes	1	Pregnant
2	No	2	Not pregnant
7	Unknown	3	Unknown
2	No	4	Male

7	Veteran Status	28	Veteran Status
2	No	1	No
1	Yes	2	Yes
1	Yes	3	Yes, served in combat zone

No longer effective as of: 12-31-1998

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K = Key Field
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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
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7	Veteran Status	-	Veteran Status..	
2	No	1	No	
1	Yes	2	Yes, no combat	
1	Yes	3	Yes, served in combat zone	

8	Living Arrangements	21	Living in a:	
03	Independent Living	01	House, Apartment, Trailer	
02	Dependent Living	02	Foster Home	
02	Dependent Living	03	Group Home	
02	Dependent Living	04	CD Halfway House	
02	Dependent Living	05	Other Halfway House	
02	Dependent Living	06	CD Board and Lodging	
02	Dependent Living	07	Other Board and Lodging	
02	Dependent Living	08	Nursing Home, Vet's Home	
02	Dependent Living	09	Correctional Facility	
01	Homeless	10	Transient, Homeless	
97	Unknown	11	Other	

No longer effective as of: 03-31-1993

8	Living Arrangements	-	Usual Residence	
03	Independent Living	01	House, Apartment, Trailer	
02	Dependent Living	02	Foster Home	
02	Dependent Living	03	Group Home	
02	Dependent Living	04	CD Halfway House	
02	Dependent Living	05	Other Halfway House	
02	Dependent Living	06	CD Board and Lodging	
02	Dependent Living	07	Other Board and Lodging	
02	Dependent Living	08	Nursing Home, Vet's Home	
02	Dependent Living	09	Correctional Facility	
01	Homeless	10	Transient, Homeless	
97	Unknown	11	Other	

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Optional

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No. Treatment Episode Data Set Item Value State System Data

9	Source of Income/Support	30	Primary Source of Income or Support During 6 Months Prior to Treatment
21	None	0	None
01	Wages/Salary	1	Job
20	Other	2	Spouse/Parent
20	Other	3	Relative
02	Public Assistance	4	Public Assistance
04	Disability	5	Disability
03	Retirement/Pension	6	Retirement
20	Other	7	Savings/Investment
20	Other	8	Other
97	Unknown	9	Unknown
No longer effective as of: 12-31-1998			

9	Source of Income/Support	-	Primary Source of Income or Support During 6 Months Prior to Treatment..
21	None	0	None
01	Wages/Salary	1	Job
20	Other	2	Spouse/Parent
20	Other	3	Relatives/Family
02	Public Assistance	4	Public Assiatance
04	Disability	5	Disability
03	Retirement/Pension	6	Retirement/Pension
20	Other	7	Savings?investment
20	Other	8	Other
97	Unknown	9	Unknown

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State System Data

10 Health Insurance

31 Health Insurance

21	None	1	None
03	Medicare	2	Medicare
04	Medicaid	3	Medicaid
02	Blue Cross/Blue Shield	4	Blue Cross/Blue Shield
01	Private Insurance (other than BCBS or HMO)	5	Other Private
06	Health Maintenance Organization (HMO)	6	HMO
20	Other (e.g. TriCare, Champus)	7	Other (CHAMPUS)
97	Unknown	8	Unknown

No longer effective as of: 03-31-1993

10 Health Insurance

- Not Collected

11 Expected/Actual Primary Source of Payment

- Not Collected

12 Detailed Not in Labor Force

29 Primary Occupation Status

01	Homemaker	05	Homemaker
02	Student	06	Student
03	Retired	07	Retired
04	Disabled	08	Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	09	Inmate of Institution

No longer effective as of: 12-31-1998

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K = Key Field

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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12	Detailed Not in Labor Force	-		Primary Occupational Status
01	Homemaker		05	Homemaker
02	Student		06	Student
03	Retired		07	Retired
04	Disabled		08	Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)		09	Inmate of Institution

13	Detailed Criminal Justice Referral Categories	-		Not Collected
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14	Marital Status	19	Current Marital Status
01	Never Married	1	Single, Never Married
04	Divorced	2	Divorced
03	Separated (legally or otherwise absent)	3	Separated
05	Widowed	4	Widowed
02	Now Married or Cohabiting	5	Married
02	Now Married or Cohabiting	6	Cohabiting

No longer effective as of: 12-31-1998

14	Marital Status	-	Current Marital Status..
01	Never Married	1	Single, Never Married
04	Divorced	2	Divorced
03	Separated (legally or otherwise absent)	3	Seperated
05	Widowed	4	Widowed
02	Now Married or Cohabiting	5	Married
02	Now Married or Cohabiting	6	Cohabiting

15	Days Waiting to Enter Treatment	-	Not Collected
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Minnesota's Treatment Episode Data Set
Version : 1

K = Key Field Item		Discharge	<u>Minnesota</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	-	Facility - Code	
105	Client Identifier - (At Discharge)	-	Client's Initials	
106	Co-Dependent/Collateral At Discharge	-	Codependent/Collateral Data Not Collected	
109	Service at Discharge	-	Level of Care...	
03	Hospital (Other than Detox)	1	Primary Inpatient (if Facility is a Hospital)	
04	Short-Term, <=30 days	1	Primary Inpatient (if Facility is not Hospital)	
04	Short-Term, <=30 days	1	Combined Primary Inpatient (if Facility is not Hospital)	
06	Intensive Outpatient	2	Primary Outpatient	
03	Hospital (Other than Detox)	3	Combined Primary Inpatient (if Facility is a Hospital)	
06	Intensive Outpatient	4	Combined Primary Inpatient (if Facility is a Hospital)	
05	Long-Term, >30 days	5	Halfway House (if Facility is not a Hospital)	
05	Long-Term, >30 days	6	Extended Care (if Facility is not a Hospital)	
146	Date of Last Contact	-	Date of Last Contact - Not Collected	
147	Date of Discharge	-	Date of Discharge	

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Discharge

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State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	-	Reason For Discharge
01	Treatment Complete	01	Completed Treatment
04	Transferred to Another Substance Abuse Treatment Program or Facility	02	Transferred to another program
07	Other	03	Assessed as inappropriate
02	Left Against Professional Advice (Drop Out)	04	Against staff advice
03	Terminated by Facility	05	Staff requested (behavioral)
02	Left Against Professional Advice (Drop Out)	06	Patient left
07	Other	07	Expiration of civil commitment or hold order
06	Death	08	Death
07	Other	09	Loss of financial report
07	Other	10	Other

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report